

## Your firm's details

Business name	Reg No. (if Ltd)		
Your name	Job title		
Email address			
Telephone number	Mobile		
Trading Address	Websites		
	1		
	2		
Postcode	3		
FSA number	Category		
CCL number	Category E	Yes	No
DPN number			
Member of network	Yes	No	Network name

## Your commitment to us

I/We confirm that the information given here is true and accurate and I/we understand that the submission of misleading information may lead to the refusal of the application or subsequent cancellation of membership.

I/We undertake to observe the provisions of the Memorandum and Articles of Association and such membership regulations of the Association of Professional Debt Solution Intermediaries as may, from time to time, be laid down by the Board of the Association. I/We can request a copy at any time.

Signature

Date

## Our fees

Full Member – Basic Level	£50 per annum
Full Member – Membership Plus	£80 per annum

## Next steps

Please complete and return the application form, along with copies of all registration documentation (FSA, CCL, DPN and Companies House where applicable) to the Membership Officer at APDSI, 8 Seymour Square, Brighton, BN2 1DP